

# Medical Marijuana Registry

### **MMR Policy Number 2012-8**

Policy Title: Medical Marijuana Registry Requirements for Proof of Identity,

Residency and Patient Relationship

Issued Date: September 5, 2012

Enacted By: Ronald 5. Hyman

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### Purpose

This policy provides documentation guidelines for establishing identity and residency for applicants, caregivers, parents/guardians, or individuals with medical power of attorney for a patient.

### Authority

Article XVIII of the Colorado Constitution, (III) (b) states "In order to be placed on the state's confidential registry for the medical use of marijuana, a patient must reside in Colorado..."

Medical Use of Marijuana Regulations, 5 CCR 1006-2, Regulation 2, Section B (6) states the applicant must provide "A copy of a secure and verifiable identity document, in compliance with the Secure and Verifiable Document Act, C.R.S. §24-72.1-101 et seq., for the patient and primary care-giver, if any is designated."

Colorado Revised Statutes § 24-72.1-101 through § 24-72.1-104, the "Secure and Verifiable Identity Document Act", requires that public entities that provide services not accept, rely upon, or utilize an identification document to provide services unless it is a secure and verifiable document. Section 24-72.1-102 (5) provides that a "secure and verifiable document means a document issued by a state or federal jurisdiction or recognized by the United States Government and that is verifiable by federal or state law enforcement, intelligence, or homeland security agencies."

#### **Background**

In compliance with the above-referenced authority, the Registry verifies identity for all individuals submitting forms or requesting information from patient records. In addition, state residency is verified for all applicants prior to issuance of a Medical Marijuana Registration Card.

To create consistency in application and form processing, the Registry has established standard criteria for identifying valid, verifiable documentation. Documentation requirements are categorized in three ways: proof of identity, proof of residency; and proof of relationship.

### **Policy**

The Registry requires proof of identity be submitted with all forms. Forms without proof of identity are rejected. Section I below provides details for valid proof of identity documentation.

Patients submitting a new or renewal application to the Registry must also prove Colorado residency. Patients who submit a Colorado-issued photo ID do not need to submit additional proof of residency. Patients without a Colorado driver's license or photo ID are required to provide additional documentation as proof residency.

The Registry will evaluate the documents presented, and may request additional documentation as deemed necessary. Only documents detailed below will be accepted. Forms received without valid documentation are rejected.

### I. Proof of Identity Documentation

All documents submitted as proof of identity must be valid when received by the Registry and contain the individual's legal name, date of birth, a photograph, and have both an issue and expiration date. Photocopies must be clear and legible. Do not send original documents to the Registry.

#### A. IDs issued by the Colorado Department of Motor Vehicles

- Colorado driver's license
- Colorado photo ID
- Temporary Colorado driver's license (photo not required)
- Temporary Colorado ID (photo not required)

#### B. IDs not issued by the Colorado Department of Motor Vehicles

All documents on the following list must be verifiable through the International ID Checking Guide or direct contact with the issuing agency. Patients submitting one of the following documents for application purposes must also submit proof of residency documentation.

| Document                         | Issuing Agency and Stipulations               |
|----------------------------------|---|
| Out-of-state driver's license or | Issued by a U.S. state or territory listed in |
| photo ID                         | the International ID Checking Guide           |
|                                  | (latest edition).                             |
| U.S. Passport                    | Issued by U.S. Department of State            |

| Document                      | Issuing Agency and Stipulations               |  |
|-------------------------------|---|--|
| U.S. Military ID card         | Issued by a branch of the U.S. Armed          |  |
|                               | Forces, including military reserves and the   |  |
|                               | National Guard. All IDs must have an          |  |
|                               | expiration date. Copies must include front    |  |
|                               | and back of ID to ensure all vital            |  |
|                               | information is provided.                      |  |
| Tribal ID card                | Issued by a federally recognized Native       |  |
|                               | American tribe.                               |  |
| Non-expiring out-of-state IDs | Issued by a U.S. state or territory listed in |  |
|                               | the International ID Checking Guide (latest   |  |
|                               | edition). IDs without expiration dates will   |  |
|                               | be accepted if they are verifiable as         |  |
|                               | described above and have been issued          |  |
|                               | within the last five years.                   |  |

# **II. Proof of Residency Documentation**

All documents submitted as proof of residency must contain the issuing organization's logo and contact information, the patient's name and address, and be current. Patient's address must be in Colorado. Unless otherwise indicated, documents are considered current if they are dated within 60 days of the date of receipt at the Registry.

| Document                          | Stipulations                               |
|-----------------------------------|--|
| Paystub                           | The copy of the paystub must include the   |
|                                   | complete contact information for the       |
|                                   | employer and patient.                      |
| W-2                               | The W-2 must be for the most recent tax    |
|                                   | year.                                      |
| Utility Bill                      | Bills from telephone, electricity, water,  |
|                                   | trash, cable, or internet providers are    |
|                                   | considered valid and verifiable. Copies of |
|                                   | bills must be complete, including the pay  |
|                                   | coupon. Bills must include the             |
|                                   | organization's name, logo and contact      |
|                                   | information.                               |
| Government-issued benefit letters | All letters must include the government    |
|                                   | agency's logo, contact information, the    |
|                                   | patient's name and address, and an account |
|                                   | or case number. Examples of acceptable     |
|                                   | benefit letters include PERA,              |
|                                   | Medicaid/Medicare, Food Stamps/Food        |
|                                   | Assistance, Temporary Aide to Needy        |
|                                   | Families, and Social Security benefits.    |

| Document                             | Stipulations                               |
|--------------------------------------|--|
| Colorado -issued certification       | Certification documents must be issued by  |
| documents                            | a Colorado state agency and dated within   |
|                                      | the last year. Examples of verifiable      |
|                                      | certification documents include nursing,   |
|                                      | electrician, cosmetology, or teaching      |
|                                      | certificates.                              |
| Certified Copy of Colorado State Tax | The tax return must be for the most recent |
| Return                               | tax year.                                  |
| Tuition, medical or housing invoice  | The invoice must include the school logo   |
| from Colorado-based university or    | and contact information; patient name and  |
| college.                             | Colorado mailing address; and student      |
|                                      | number. All invoices must be for the       |
|                                      | current semester.                          |

# **II. Proof of Relationship Documentation**

Proof of relationship documentation issued by an authorized local, state, federal or foreign government agency is required when patients change names or an individual other than the patient has authority to access or make modifications to patient records.

| Document          | Purpose   | Stipulations   |
|-------------------|---|--|
| Birth Certificate | <ul> <li>Demonstrate name change</li> <li>Establish parental relationship with a minor</li> </ul> | A copy of the <b>certified</b> , official birth certificate is required. Must have state file number and state seal.   |
| Divorce Decree    | <ul> <li>Demonstrate name change</li> <li>Establish parental guardianship</li> </ul>              | A copy of the entire certified divorce decree including stipulations for change of name and/or guardianship is required. Must be a final order, have case number and agency's stamp/electronic court seal. |

| Court Documentation of<br>Official Name Change | Demonstrate name change  | A copy of the entire certified court decree detailing official change of patient name. Document must demonstrate change from the old name as listed in the Registry's database to the new name. Must be a final order, have case number and agency's stamp/electronic court seal. |
|--|--|---|
| Medical Power of<br>Attorney                   | Grant permission for an individual to facilitate medical care decisions and processes for a patient. | A notarized copy of a medical power of attorney that establishes the rights and responsibilities delegated to an individual for the care of the patient, and the period of time for which these rights are extended.  |
| Court-ordered<br>Guardianship                  | Establish     parent/guardian     relationship for a minor   | A copy of the certified, court-issued guardianship papers must include the full legal name of the guardian and the patient, and establish the time period for which guardianship is extended. Must be a final order, have case number and agency's stamp/electronic court seal.   |
| Marriage License                               | Demonstrate name<br>change   | A copy of the entire certified, recorded marriage license.  |